CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE 2.b. IF COMMITTEE, NAME OF CANDIDATE 2.a. NAME OF CANDIDATE 2.a. NAME OF CANDIDATE 2.a. NAME OF CANDIDATE 3. ELECTION DATE	
Out to the second	
L 2 6 TE COMMITTEE, NAME OF CANDIDATE TO SELECTION DATE	
Z.D. II COMMITTEE, IN MILE OF STATES	
James A. Fields August 3, 201	0
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone	
2 0 1-12- 011	
PO BOX 15135 CHATTANDOGA TN 37405	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone	
7, //	886-5760
21024 1911 11911 Way - 31191 1110 WARTING	000 2700
5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be candidate)	
Hamilton County Commissioner District & Thomas W. Francescon, Sr.	
7. CATEGORY OR REPORT (Check one)	
	END
QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEM	ENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. ENDING DATE OF REPORTING PERIOD	
January 16, 2011 July 14, 2011	
9. (Check one)	
a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AN	D expendi-
tures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)	
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more	than \$1,000
and/or expenditures total more than \$1,000 for this reporting period.	
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Camp Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal to benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.	aign
signature of candidate date signature of political treasurer	5 /20 / / date
signature of candidate date signature of political treasurer 11. WITNESS SIGNATURE signature of witness date signature of witness	date
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